

# MQAC CA . MANAGEMENT TEAM ASSESSMENT NT

Wednesday CMT - Telephonic Assessment

Respondent: Thompson, Robert K. Jr.

Case Number: 2011-153907

Date: <u>2-23-11</u>	Staff Attorney: <u>McLaughlin</u>	Clerk:
Panel Chair: <u>Dore</u>	Cullen, Andison, Brantner, Burger, Clower, Concannon, <u>Elders</u> , Green, Johnson, Pattison, <u>Robin</u> <u>Dore</u> , Gotthold, Harder, <u>Harvey</u> , Hensley, Hopkins, Page, Robins, Ruiz, Sen	
Staff Present: ED, ISU, PM, Staff Atty, Disc Mgr, Other	Jansen, <u>Dr. Hoyer</u> , <u>Smith</u> , <u>Kitter</u> , <u>Newman</u> , Kramer, Bucci Farrell, <u>Berg</u> , Caille, <u>McLaughlin</u> , <u>Landreau</u> , <u>Mager</u>	

## A. FILE CLOSED PRIOR INVESTIGATION (BEFORE)

<input type="checkbox"/> BT1 - Advertising that is a technical violation	<input type="checkbox"/> BT7 - Insufficient information	<input type="checkbox"/> BT12 - Profession-Specific Threshold Explain: a) Violating confidentiality b) Inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin (e.g., RN instructs NA to apply skin cream) c) Failure to supervise resulting in no harm or minor harm to a patient d) Isolated incidents which suggest little or no patient harm, not likely to reoccur
<input type="checkbox"/> BT2 - Aged or outdated complaints	<input type="checkbox"/> BT8 - Issues which have been otherwise resolved. Explain resolution: (Detail corrective action: practitioner is already revoked; ongoing monitoring, etc.)	<input type="checkbox"/> BT13 - Referral to another program or agency
<input type="checkbox"/> BT3 - Billing and fee disputes except as designated by disciplining authority	<input type="checkbox"/> BT9 - Lack of complaint credibility	<input type="checkbox"/> BT14 - Risk minimal, not likely to reoccur
<input type="checkbox"/> BT4 - Communication and personality issues	<input type="checkbox"/> BT10 - No Jurisdiction	<input type="checkbox"/> BT15 - Time practice on an expired credential for a period of time accepted by the disciplining authority
<input type="checkbox"/> BT5 - Complainant withdrew	<input checked="" type="checkbox"/> BT11 - No violation at the time the event occurred	<input type="checkbox"/> BT16 - Unidentified complainant, client or patient name and no allegations of significant harm or potential harm
<input type="checkbox"/> BT6 - If allegations are true, no violation of law occurred		Further explanation (if any):

B. SCOPE OF INVESTIGATION AUTHORIZED: ☐ Entire complaint ☐ Limit investigation ☐ Focus investigation

Notes:

C. PRIORITY ☐ A (risk of immediate danger) ☐ B (serious risk) ☐ C (moderate risk) ☐ D (minor risk) ☐ E (technical violations)

D. **SEXUAL MISCONDUCT CASES:** Refer complaints of sexual misconduct to the Secretary when the case does not involve clinical expertise or standard of care issues. (If the panel cannot tell if clinical issues exist, the panel may request the investigator contact the complainant or key witness)

☐ Panel finds there are clinical issues, do not refer ☐ No clinical issues, refer case to Secretary ☐ Contact complainant or witness for more info

## E. CLOSED AFTER INVESTIGATION

<input type="checkbox"/> Application investigation only - Panel decides to grant without conditions	
<input type="checkbox"/> A1-Care rendered was within standard of care	<input type="checkbox"/> A7-Mistaken identity
<input type="checkbox"/> A2-Complainant withdrew	<input type="checkbox"/> A8-No Jurisdiction
<input type="checkbox"/> A3- Unique closure (panel must explain)	<input type="checkbox"/> A11-No Whistleblower
<input type="checkbox"/> A5- Evidence does not support a violation	<input type="checkbox"/> A12-Risk minimal, not likely to reoccur
Further Explanation:	

# GUIDE FOR CLOSURE CODES

June 2010

Code	Closure	Description
	Application	Decision to grant an unrestricted license
A-1	Care rendered was within standard of care	The evidence establishes that the respondent met or exceeded the standard of care.
A-2	Complainant withdrew complaint	The complainant withdrew the complaint, and the complainant's testimony is necessary to meet the burden of proof.
A-3	Unique closure (Panel must explain)	Any concerns regarding Respondent have been resolved through corrective action, license revocation, suspension, or other means. <ul style="list-style-type: none"> <li>Respondent died.</li> <li>Other circumstances (explain): _____</li> </ul>
A-5	Evidence does not support a violation	<ul style="list-style-type: none"> <li>Cannot establish by clear, cogent, and convincing evidence that Respondent violated any UDA provision.</li> <li>Includes situations where the investigator was unable to obtain all material evidence.</li> <li>Despite the evidence, the alleged misconduct does not constitute a UDA violation.</li> </ul>
A-7	Mistaken Identity	Case opened under the wrong respondent's name.
A-8	No Jurisdiction	Respondent is not licensed in Washington, has never been licensed in Washington, and is not applying for a license in Washington.
A-11	No Whistleblower Release	Complainant would not sign a whistleblower release AND the complainant's identity is necessary to prove a UDA violation.
A-12	Risk Minimal- Not likely to Reoccur	There is sufficient evidence that Respondent violated the UDA, but the evidence indicates that (a) the violation is not likely to reoccur and (b) closure poses no more than a minimal risk to the public.

zdan guideclosecode revised pjh0521-2010

**MQAC REVIEW**  
**Case Number: 2011-153907**

Date: February 16, 2011  
Presented by: George Heye, MD

<b>Respondent:</b>	<b>THOMPSON, ROBERT K., JR., MD</b>	<b>Thurston County</b>
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<b>Complainant:</b>	<b>Kristy Jack, Olympia Police Department</b>
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**CASE SUMMARY**

**The Respondent:**

Board Certified:	FAMILY MEDICINE
DOB:	03-09-1942
Licensed since:	06-30-1970
	<b><u>VOLUNTARILY SURRENDERED LICENSE ON 1/26/2011</u></b>
Expiration date:	03-09-2012
Medical School:	1969—U of WA Sch of Med; Seattle, WA
Residency:	07/1969-06/1970—Dallas Co HP-Parkland Mem; TX— FLEXIBLE OR TRANSITIONAL 10/1972-06/1974—U of WA Med Ctr; WA— FAMILY MEDICINE

**The Complainant:**

**Malpractice Settlement:** N/A.

**The Complaint:** The police report that the respondent may be practicing without a license based on a medical marijuana authorization dated 11/9/10. The police report incorrectly indicates that the respondent surrendered his license in January 2010. The license surrender was on January 20, 2011.

**RCM Review**

**Prior Cases:**

**04-11-0057MD** - Alleged failure to complete necessary L & I paperwork, causing time loss problem for the complainant. The complainant received information that that particular physician may have been let from the clinic. Since then the complainant has been dismissed from the clinic.

**Closed NCFA.**

**2008-128214** - A patient complains that she was badly burned by laser treatments performed by PA respondent 215 whose sponsor is 214. The patient complained to the respondents and received a refund. The patient is still interested in additional laser skin treatments but says she is having a hard time finding a reputable office. She says that most of the places she has been to do not seem to be following the state's guidelines about physician supervision.

**Closed NCFA.**

**2009-142210** ~ While working at the American Heritage Medical Clinic in Olympia the respondent signed a medical marijuana authorization for JJM on 4/24/09. JJM reports that "the doctor gave him a physical and then provided him with a medical marijuana card". JJM also stated that "he uses marijuana to help him sleep at night". The police had a tip that marijuana was being sold out of JJM's residence where eleven marijuana plants were being grown.  
***Closed Below Threshold (not investigated).***

**2010-144960** ~ A pharmacy employee reports that respondent reportedly had an expired license and DEA when he wrote prescriptions for Marinol (schedule III) in March 2010. He has since renewed his medical license. The status of his DEA is unknown.  
***Closed NCFA.***

**2011-153615MD** – Currently in Investigations.

**Recommendation:**

# MEDICAL QUALITY ASSURANCE COMMISSION

## CMT

### Review of Cases

CMT DATE/  
Panel Members/  
Decision:

**MQAC CMT - FEBRUARY 23, 2011**

Rick Dore, MD, Chair  
Susan Harvey, MD  
Judy Tobin, Public Member  
Terri Elders, Public Member

**DECISION: CLOSED PRIOR TO INVESTIGATION**

Case No.: 2011-153907

The attached pages were reviewed:

85-89

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**2011-153615MD** – Currently in Investigations..

**Recommendation:**

Small Form

Print Form



Washington State Department of

**Health**

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

**RECEIVED**  
FEB 14 2011**Complaint Form****COMPLAINT INTAKE  
UNIT**Today's Date: February 14, 2011**1. Your Information**Name: Kristy Jack - Evidence Custodian, Olympia Police DepartmentAddress: 900 Plum St SECity: OlympiaState: WAZip: 98501Phone: Work ( 360 ) 753 - 8234 Home (      )      -     **2. Information about the Facility or Health Care Professional**Type of facility or profession: Medical Clinic / PhysicianName of facility or professional: American Heritage Medical - Dr. Robert Thompson #MD00011365Address: 2747 Pacific Ave SECity: OlympiaState: WAZip: 98501**3. Resident/Guest/Patient Information**Full Name (If different than above) Kenith HardingDate of Birth (of patient, if complaint involves a patient) 2/16/1973Date of incident: 11/9/2010

4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQAComplaintIntake@doh.wa.gov, or fax to 360.236.2626, or mail to:

Washington State Department of Health

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857



Please attach any supporting documentation and additional sheets if necessary.

I am the Evidence Custodian for the Olympia Police Department. Kenith Harding was arrested for Poss of Marijuana on 2/4/11. The charges were dismissed after he presented the court a copy of a Physician Authorization for the Medical Use of Marijuana. The authorization was dated on 11/9/2010 and electronically signed by Dr. Robert Thompson MD - MD00011365.

Mr. Harding presented his authorization to me and requested the return of his marijuana. After checking your database regarding the status of Dr. Thompson, I discovered he voluntarily surrendered his license in January 2010. I called American Heritage Medical, the clinic listed on the authorization, and received a message indicating they were temporarily closed and not accepting new patients, but if you needed a medical marijuana release renewal to please leave a message. I'm uncertain as to whether Dr. Thompson is continuing to practise without a license or if his information is being fraudulently used to issue medical marijuana authorizations. Under either circumstance, I felt your office should be notified so an investigation could occur. If you need further information from me, please feel free to contact me via email at kjack@ci.olympia.wa.us or at 360-753-8234.

Sincerely,  
Kristy Jack  
Evidence Custodian  
Olympia Police Department



For Department of Health use only

Reviewed for multiple authority applications:	Date _____	Name _____	
Routed to: Multi-authority coordinator:			date _____
Office _____			date _____
Office _____			date _____
Office _____			date _____

**AMERICAN HERITAGE MEDICAL LLC**

2747 PACIFIC AVE SE OLYMPIA, WA 98502 PHONE: 360-951-9668 FAX: 360-943-7441

**Documentation of Physician Authorization to Engage in the  
Medical Use of Marijuana in Washington State**

3 - Healthcare information ...

3 - Healthcare info...

Patient Name

DOB

I Robert Thompson, am a physician licensed in the State of Washington. I am treating the above named patient for a terminal or debilitating medical condition as defined in RCW 69.51A.010.

I have advised the above named patient about the potential risks and benefits of the medical use of marijuana. I have assessed the above named patient's medical history and medical condition. It is my medical opinion that this patient may benefit from the medical use of marijuana.

**Recommendation:**

As this patient's "60 day supply" under RCW 69.51A, I recommend 24 ounces of "Useable marijuana" [as defined under WAC 246-75-010(2)(d)] and find this patient's necessary "medical use of marijuana" [as defined under RCW 69.51A.010(2)] to overcome the presumption of needing no more than 15 plants to produce this "60 day supply".

*Suggested route of administration is Vaporization or Oral ingestion.*

Electronically signed by:

*Robert K Thompson MD*

Signature Robert Thompson, MD - MDD0011365

Date: 11/9/2010

**[Recommendation Expires 1 year from date signed]**

**Risks and benefits of medical marijuana**

Under Washington state law, the use of medical marijuana is now permissible for some patients with terminal or debilitating medical conditions. The law regulating this (RCW 69.51A) allows physicians to advise patients about the risks and benefits of the medical use of marijuana.

The medical and scientific evidence supporting the use of medical marijuana remains controversial in the medical community. Not all health care providers believe that medical marijuana is safe or effective and some providers feel that it is a dangerous drug.

According to the Washington state law, the medical use of marijuana may benefit patients diagnosed with the following medical conditions: cancer; human immunodeficiency virus (HIV); multiple sclerosis; epilepsy or other seizure or spasticity disorders; some types of intractable pain; glaucoma, either acute or chronic; Crohn's disease; hepatitis C with debilitating nausea or intractable pain; or diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity.

Some of the risks of medical marijuana may include possible long-term effects on the brain in the areas of memory, coordination and cognition; impairment of the ability to drive or operate heavy machinery; respiratory damage; possible lung cancer; and physical or psychological dependence.

**Case View Screen** [update]

Case	2011-153907 (PUBLIC)	Date Created	02/16/2011	<b>Audit</b> Entry Items Documents Notes Master Ca Participan Add Maste Timeline I
Status	Intake	Date Received	02/16/2011	
Respondent ID	431823	How Received	Fax	
Respondent	ROBERT K THOMPSON JR	Receiving Board	COMMISSION	
Credential	MD.MD.00011365 ROBERT K THOMPSON JR	Receiving Profession	Physician And Surgeon License	
Complainant ID	982235	Receiving Department	Case Intake	<b>Alleged Issues</b> Practicing Without a Valid License <b>Case Nature</b> Practice Without a Valid License (Expired, Suspended, Revoked)
Complainant	Kristy Jack	Received By	Vicki I Creighton	

**Comments:**

- Priority History
- Other Participants
- Resolution
- HIPDB Reports
- Action Items

**Priority History** [add]

Date	Priority	Priority Reason	Decision Maker	Decision Date	Comment	COR	U
------	----------	-----------------	----------------	---------------	---------	-----	---

**Other Participants** [add]

No additional participants found

**Resolution** [update]

Department: Case Intake	<b>Found Issues</b> none <b>Resolution</b> none
Worker: Vicki I Creighton	
Date Closed:	

**Resolution Notes:****Current HIPDB Reports****Type****Submission Date****Status****DCN****Case I**

No HIPDB Reports found for this credential.

**Action Items** [add] [add group]

Type	Assigned To	Activity	Due	Effective	Completed	Order Signed	Created ▼
Intake	Case Intake, Creighton, Vicki I			02/16/2011	02/16/2011		02/16/2011 Creighton,
	Target: ROBERT K THOMPSON JR						
	Warning: Warning Type:	CASE PENDING					
	Warning Effective Date:	02/16/2011					
	Suppress License Print:	NO					
	Case Status: Status Changed To:	Intake					
	Action Info: Complaint Source	Law Enforcement					
	Possible Imminent	No					
	Danger?						



## AMA Physician Profile

### *Name and Mailing Address:*

ROBERT KEITH THOMPSON MD  
PO BOX 12782  
OLYMPIA WA 98508-2782

### *Primary Office Address:*

APT 201  
4929 51ST LN SE  
LACEY WA 98503-5571

**Phone:** UNKNOWN

**Birthdate:** 03/09/1942

**Birthplace:** SEATTLE, WA UNITED STATES OF AMERICA

**Physician's Major Professional Activity:** INACTIVE

### **Practice Specialties Self Designated by the Physician\*:**

**Primary Specialty:** FAMILY MEDICINE

**Secondary Specialty:** OTHER SPECIALTY

\*Self-Designated Practice Specialties/Areas of Practice (SDPS) listed on the AMA Physician Profile do not imply "recognition" or "endorsement" of any field of medical practice by the Association, nor does it imply, certification by a Member Medical Specialty Board of the American Board of Medical Specialties, or that the physician has been trained or has special competence to practice the SDPS.

**AMA membership:** NON MEMBER

————— All Information from this Point Forward is Provided by the Primary Source —————

### **Current and/or Historical Medical School:**

UNIV OF WA SCH OF MED, SEATTLE WA 98195

**Degree Awarded:** Yes

**Degree Year:** 1969



## AMA Physician Profile

### Current and/or Historical Post Graduate Medical Training Programs Accredited by the Accreditation Council for Graduate Medical Education (ACGME):

*Future training dates, as reported by the program, should be interpreted as "in progress" or "current" with projected date of completion. If the training program indicates that training for a physician in a particular specialty was not completed at their institution, the training segment will be identified as "INCOMPLETE TRAINING".*

**Institution:** DALLAS CO HP-PARKLAND MEM  
**Specialty :** FLEXIBLE OR TRANSITIONAL

**State:** TEXAS  
 07/1969 - 06/1970  
 (VERIFIED)

**Institution:** UNIV WA MED CTR  
**Specialty :** FAMILY MEDICINE

**State:** WASHINGTON  
 10/1972 - 06/1974  
 (VERIFIED)

**Note:** If you have discrepant information, please submit a Request for Investigation to the AMA so that we may verify the information with the primary source(s). See the last page of this Profile for instructions on how to report a data discrepancy.

**NATIONAL BOARD OF MEDICAL EXAMINERS (NBME) CERTIFICATION YEAR: MD: 1970**

### Current and/or Historical Medical Licensure:

<u>Jurisdiction</u>	<u>MD/ DO</u>	<u>Date Granted</u>	<u>Expiration Date</u>	<u>Status</u>	<u>License Type</u>	<u>Last Reported</u>
WASHINGTON	MD	06/30/1970	03/09/2012	INACTIVE	UNLIMITED	02/04/2011

**Note:** When the specific month and day are unknown, the date will display the default value of "01." Not all licensing boards maintain or provide full date values. Please contact the appropriate licensing board directly for this information.

### Current and/or Historical NPI Information:

<u>NPI Number</u>	<u>Enumeration Date</u>	<u>Deactivation Date</u>	<u>Reactivation Date</u>	<u>Replacement Number</u>	<u>Last Reported Date</u>
None	Reported				



## AMA Physician Profile

### ECFMG Certification:

#### **Applicant Number:**

**Note:** The Educational Commission for Foreign Medical Graduates (ECFMG) applicant identification number does not imply current ECFMG certification status. To verify ECFMG status, contact the ECFMG Certification Verification Service in writing at P.O. Box 13679, Philadelphia, PA 19101.

### Federal Drug Enforcement Administration:

*\* Only the last three characters of active DEA number(s) are displayed.*

<u>DEA Number *</u>	<u>Schedule</u>	<u>Expiration Date</u>	<u>Last Reported</u>
None	Reported		
Address:			

**Note:** Many states require their own controlled substances registration/license. Please check with your state licensing authority for requirement information as the AMA does not maintain this information.

### Specialty Board Certification(s)\*:

Specialty Board Certification(s) by one or more of the 24 boards recognized by the American Board of Medical Specialties (ABMS) and the American Medical Association (AMA) through the Liaison Committee on Specialty Boards, as reported by the ABMS:

The AMA Physician Profile has been designated by the ABMS as an Official ABMS Display Agent of Member Board Certification data. Therefore, the ABMS Board Certification information on the AMA Physician Profile is considered a designated equivalent source in regard to credentialing standards set forth by accrediting bodies such as the Joint Commission and National Committee for Quality Assurance (NCQA).

**Certifying Board:** AMERICAN BOARD OF FAMILY MEDICINE

**Certificate:** FAMILY MEDICINE

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification</u>	<u>Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	07/12/2002	12/31/2009		RE-CERT(**)	02/03/2011
TIME LIMITED	07/14/1995	12/31/2002		RE-CERT(**)	02/03/2011
TIME LIMITED	07/08/1988	12/31/1995		RE-CERT(**)	02/03/2011
TIME LIMITED	07/08/1981	12/31/1988		RE-CERT(**)	02/03/2011



### AMA Physician Profile

**Certifying Board:** AMERICAN BOARD OF FAMILY MEDICINE

**Certificate:** FAMILY MEDICINE

**Certificate Type:** GENERAL

<u>Duration</u>	<u>Effective</u>	<u>Expiration</u>	<u>Reverification Occurrence</u>	<u>Last Reported</u>
TIME LIMITED	10/20/1974	12/31/1981	INITIAL(**)	02/03/2011

**Note:** For certification dates, a default value of "01" appears in the day or month field if data were not provided to AMA. Please contact the appropriate specialty board directly for this information. (\*\*) Indicates an expired certificate.

\*This information is proprietary data maintained in a copyrighted database compilation owned by the American Board of Medical Specialties. Copyright 2011 American Board of Medical Specialties. All right reserved.

#### Medicare/Medicaid Sanction(s):

TO DATE, THERE HAVE BEEN NO SUCH SANCTIONS REPORTED TO THE AMA BY THE DEPARTMENT OF HEALTH AND HUMAN SERVICES.

#### Other Federal Sanction(s):

TO DATE, THERE HAVE BEEN NO FEDERAL SANCTIONS REPORTED TO THE AMA BY ANY BRANCH OF THE US MILITARY, THE VETERAN'S ADMINISTRATION OR THE US PUBLIC HEALTH SERVICE.

#### Additional Information:

TO DATE, THERE IS NO ADDITIONAL INFORMATION FOR THIS PHYSICIAN ON FILE.

The content of the AMA Physician Profile is intended to assist with credentialing. Appropriate use of the AMA Physician Masterfile data contained on this Profile by an organization would meet the primary source verification requirements of the Joint Commission and the American Accreditation HealthCare Commission/URAC. The Physician Masterfile meets the National Committee for Quality Assurance (NCQA) standards for verification of medical education, post graduate medical training, board certification, DEA status, and Medicare/Medicaid sanctions.

If you note any discrepancies, please log onto our web site (<http://www.ama-assn.org/go/amaprofiles>) and go to the order detail page, select the D following the physician's name and enter the data in question. Or you can mark the issues on a copy of the profile and mail or fax to:

Division of Database Products and Licensing  
Attn: Credentialing Products  
515 N. State Street  
Chicago, IL 60654  
800-665-2882  
312 464-5900 (fax)

If you have questions or need additional information, please call the AMA Profile Service customer support line at 800-665-2882.

**Credential View Screen** [update]



**ROBERT K THOMPSON JR**

Address:

☒ Public ☐ Mail ☐ Renewal Mail

[change public address]

ROBERT K THOMPSON JR

1 - DOH Licensee ...

ID 431823  
Warnings CASE PENDING  
ENFORCEMENT ACTION  
SSN/FEIN 2 - DOH Licen...  
Contact Standing Living  
Contact Type INDIVIDUAL  
Birth Date 03/09/1942  
Public File YES  
Mailing List  
Legacy Licensure Name THOMPSON, ROBERT K

Contact  
Audit  
Public Cases  
Cont. Edu  
Documents  
Owned By/Key Mgmt  
Exams  
Experience  
Notes  
Schools  
Supervises  
SupervisedBy  
Legacy  
Librarian  
Application  
Other State License

Comments: AC 031004 GMM\*031804 RCVD \$450-DUP PMT-REFUND \$450-031804 DC 6/22/04 AC LM \*\*F8

**Physician And Surgeon License** [update] [form letter]

Credential # MD.MD.00011365

Legacy License # MD00011365

Application Date

Effective Date 03/25/2010

Expiration Date 03/09/2012

First Issuance Date 06/30/1970

Last Date Of Contact

CE Due Date 03/09/2012

Credential Status VOLUNTARY SURRENDER.(01/26/2011)  
Status Reason ENFORCEMENT ACTION  
Amount Due \$0.00  
Date Last Activity 1/26/2011 2:10:29 PM  
Last Updated by Singer, Michelle A  
Certificate Sent Date 03/31/2010

Audit  
Documents  
Workflow  
Key Mgmt  
Fees  
Notes  
Print Docs  
Comp. Audit  
Renewal  
Legacy

Comments: AC 031004 GMM\*031804 RCVD \$450-DUP PMT-REFUND \$450-031804 DC 6/22/04 AC LM \*\*F8

Supervises	User Defined License Data	Legacy	HIPDB		
[update]					
Contact Name	Credential	Credential Definition	Board	Supervision Type	Status
HOWARD LAWRENCE HULL	PA.PA.10000537	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	ACTIVE
PAUL D TAYLOR	PA.PA.10004763	PA-Physician Assistant License	COMMISSION	Physician Assistant Sponsorship	ACTIVE



**Case - Search** [hide criteria]**Case**

Year - Number  -

Legacy Case

Board

**Participant**

Name  ☒ Respondent ☐ Complainant ☐ Participant

Credential Number  .  .  -

SSN/FEIN

Secretary Of State #

Federal ID

CLIA Number

**Search Options**

☐ Soundex ☐ Search Previous Names ☐ Open results in new window

Case ▲	Board	Department	Status	Respondent	Cor
1992-32368	COMMISSION	ZLegacy	CLOSED	THOMPSON, ROBERT W	NONE
1994-36192	COMMISSION	ZLegacy	CLOSED	THOMPSON, ROBERT LAWRENCE	NONE
1995-32367	COMMISSION	ZLegacy	CLOSED	THOMPSON, ROBERT W	NONE
1995-91524	SECRETARY	ZLegacy	CLOSED	THOMPSON, ROBERT A L	NONE
1996-39722	COMMISSION	ZLegacy	CLOSED	THOMPSON, ROBERT LAWRENCE	NONE
2003-8780	BOARD	ZLegacy	CLOSED	THOMPSON, ROBERT C	NONE
2004-47615	COMMISSION	ZLegacy	CLOSED	THOMPSON, ROBERT K JR	NONE
2008-128214	COMMISSION	Case Management	CLOSED	THOMPSON, ROBERT K JR	4 - Identity - Whistleb...
2009-142210	COMMISSION	Records Retention	CLOSED	THOMPSON, ROBERT K JR	Grays Harbor Cou
2010-144960	COMMISSION	Case Management	CLOSED	THOMPSON, ROBERT K JR	4 - Identity - W...
2011-152444	COMMISSION	Case Management	Refer to Master Case	THOMPSON, ROBERT K JR	Washington Physi
2011-153615	COMMISSION	Investigation	Investigation	THOMPSON, ROBERT K JR	Complainant, Ano

Showing 1 to 12 of 12 Results.

**Contact View Screen** [update]**Kristy Jack**Address: ☒ Public ☐ Mail

Kristy Jack  
Olympia Police Department  
900 Plum St SE  
Olympia, WA 98501

ID 982235  
Warnings  
SSN/FEIN  
Contact Standing Living  
Contact Type ENFORCEMENT ENTRY  
Criminal History NO  
Public File No  
Mailing List

Audit  
Public Cases  
Cont. Edu  
Documents  
Owned By/Key Mgmt  
Exams  
Experience  
Notes  
Schools  
Supervises  
SupervisedBy  
Librarian  
Application  
Other State License

Comments:

Addresses	Personal Information	Legacy
<b>Contact Addresses</b> [add]		
Kristy Jack Olympia Police Department 900 Plum St SE Olympia, WA 98501 County: Thurston Country: United States  Joined on: 2/16/2011 8:02:02 AM  Last updated by Vicki I Creighton	Phone360 -753-8234 Fax Cell Email	[update] MAIN ADDRESS Public Address Mail Address Form Letter

## **NOTICE**

WAC 246-15-030, procedures for filing, investigation, and resolution of whistleblower complaints.

(1)(b) Instructs that staff will affix a permanent cover to the letter of complaint or other form of notice in the complaint file, noting the statutory citation concerning protecting the identity of the complainant.

(3)(c) Ensure upon case closure, that the permanent cover affixed in subsection (1)(c) of this section will remain.

RCW 43.70 provides that the identity of a whistleblower who complains in good faith to the Department of health about the improper quality of care by a health care provider as defined in RCW 43.72.010 **shall remain confidential**.

Pursuant to the above RCW and WAC it is staff's duty to see that the complainant's name or any information which may identify the complainant is not disclosed.

## **NOTICE**

**Smith, James H (DOH)**

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**To:** kjack@cl.olympia.wa.us  
**Subject:** Dr. Robert Thompson

Kristy Jack:

The Medical Quality Assurance Commission reviewed your complaint concerning American Heritage Medical and Dr. Robert Thompson at their case assessment meeting on February 23<sup>rd</sup>. Your report indicated that Dr. Thompson voluntarily surrendered his medical license in January, 2010. Dr. Thompson surrendered his license on January 26, 2011. Dr. Thompson did have a valid medical license on November 9, 2010, the date that the authorization was granted.

The Medical Quality Assurance Commission is the entity in Washington State that grants medical licenses, investigates complaints and disciplines when necessary to protect the public. The authority of the Commission is limited to the licenses of licensed physicians. The Commission does not have jurisdiction or authority over clinics. Clinics are unlicensed in the state of Washington thus there is no entity with jurisdiction over clinics.

For these reasons the Medical Quality Assurance Commission closed the complaint without investigation. If you have information that Dr. Thompson authorized Medical Marijuana after his surrender date, January 26, 2011, that information can be referred to the Department of Health's unlicensed practice section.

Please contact me by return e-mail or the phone number below if I can be of further assistance.

Thank you,

James H. Smith, Chief Investigator  
Medical Quality Assurance Commission  
Medical Investigations  
243 Israel Road SE, Tumwater, WA 98501  
PO Box 47866, Olympia, WA 98504-7866  
360-236-2770, Fax 360-586-4573  
[james.smith@doh.wa.gov](mailto:james.smith@doh.wa.gov)

The Medical Quality Assurance Commission protects the public health by assuring the competency and quality of physicians and physician assistants, establishing and enforcing qualifications for licensure and standards of practice, and by the disciplining and monitoring of practitioners.

Public Health - Always Working for a Safer and Healthier Washington



STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
*PO Box 47866, Olympia, WA 98504-7866*

February 28, 2011

Kristy Jack  
Olympia Police Department  
900 Plum St SE  
Olympia, WA 98501

COPY

RE: Robert K. Thompson, Jr., MD  
Case No.: 2011-153907MD; Credential No.: MD00011365

Dear Ms. Jack:

Thank you for your recent letter in which you expressed concerns regarding an allegation of unprofessional conduct.

Dr. Thompson voluntarily surrendered his license on January 26, 2011, not 2010. Therefore, this case has been closed.

Dr. Thompson will also be advised as required by law that this report has been closed. However, your identity will not be revealed.

Thank you for bringing your concerns to the attention of the Medical Quality Assurance Commission. If you have any questions, please call me at (360)236-2770 or contact me by email at [jim.smith@doh.wa.gov](mailto:jim.smith@doh.wa.gov).

Sincerely,

JAMES H. SMITH, Chief Investigator  
Department of Health  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866





STATE OF WASHINGTON  
DEPARTMENT OF HEALTH  
MEDICAL QUALITY ASSURANCE COMMISSION  
PO Box 47866, Olympia, WA 98504-7866

February 28, 2011

Robert K. Thompson, Jr., MD

1 - DOH Licensee Health Professional home address...

COPY

RE: Robert K. Thompson, Jr., MD  
Case No.: 2011-153907MD; Credential No. MD00011365

Dear Dr. Thompson:

The Medical Quality Assurance Commission received a report alleging unprofessional conduct. A panel of the Commission reviewed the report and determined that it did not meet the criteria established for cases which are to be investigated. Therefore, this case has been closed.

**You have the right to request any information contained in the file. However, please note that the state whistleblower law, RCW 43.70.075, prohibits disclosure of the complainant's identity in cases where a whistleblower waiver has not been obtained. Consequently, any information you might obtain through a public disclosure request would not contain specific details of the complaint. If you would like a summary of the case or other materials in the file, please submit a written request for a copy to the Department of Health, Public Disclosure & Records Center, PO Box 47865, Olympia, WA 98504-7865 or fax to (360)586-2171.**

Because the report file was closed without an investigation, the existence of this report is not releasable through the automated voice response system or in response to telephone inquiries. However, the report is subject to written public disclosure requests (RCW 18.130.0-95 and RCW 42.17). Even though this case has been closed, you have the right to voluntarily submit a written statement which will become part of the file and will be provided in response to any public disclosure request.

If you have any questions, please call me at (360)236-2770, or contact me by email at [jim.smith@doh.wa.gov](mailto:jim.smith@doh.wa.gov).

Sincerely,

JAMES H. SMITH, Chief Investigator  
Department of Health  
Medical Quality Assurance Commission  
PO Box 47866  
Olympia, WA 98504-7866



Email Form

Print Form



Washington State Department of

**Health**

Health Systems Quality Assurance

Complaint Intake

P.O. Box 47857

Olympia WA 98504-7857

**RECEIVED**  
FEB 14 2011**Complaint Form****COMPLAINT INTAKE  
UNIT**Today's Date: February 14, 2011**1. Your Information**Name: Kristy Jack - Evidence Custodian, Olympia Police DepartmentAddress: 900 Plum St SECity: OlympiaState: WAZip: 98501Phone: Work ( 360 ) 753 - 8234 Home (      )      -     **2. Information about the Facility or Health Care Professional**Type of facility or profession: Medical Clinic / PhysicianName of facility or professional: American Heritage Medical - Dr. Robert Thompson #MD00011365Address: 2747 Pacific Ave SECity: OlympiaState: WAZip: 98501**3. Resident/Guest/Patient Information**Full Name (if different than above) Kenith HardingDate of Birth (of patient, if complaint involves a patient) 2/16/1973Date of incident: 11/9/2010

- 4. Please describe your complaint in the space below. Include the name, title and phone number of other patients, witnesses or staff members involved in the incident. Email completed form to the Customer Service Center at HSQAComplaintIntake@doh.wa.gov, or fax to 360.236.2626, or mail to:**

Washington State Department of Health  
Health Systems Quality Assurance  
Complaint Intake  
P.O. Box 47857  
Olympia WA 98504-7857

Please attach any supporting documentation and additional sheets if necessary.

I am the Evidence Custodian for the Olympia Police Department. Kenlth Harding was arrested for Poss of Marijuana on 2/4/11. The charges were dismissed after he presented the court a copy of a Physician Authorization for the Medical Use of Marijuana. The authorization was dated on 11/9/2010 and electronically signed by Dr. Robert Thompson MD - MD00011365.

Mr. Harding presented his authorization to me and requested the return of his marijuana. After checking your database regarding the status of Dr. Thompson, I discovered he voluntarily surrendered his license in January 2010. I called American Heritage Medical, the clinic listed on the authorization, and received a message indicating they were temporarily closed and not accepting new patients, but if you needed a medical marijuana release renewal to please leave a message. I'm uncertain as to whether Dr. Thompson is continuing to practise without a license or if his information is being fraudulently used to issue medical marijuana authorizations. Under either circumstance, I felt your office should be notified so an investigation could occur. If you need further information from me, please feel free to contact me via email at kjack@ci.olympia.wa.us or at 360-753-8234.

Sincerely,  
Kristy Jack  
Evidence Custodian  
Olympia Police Department



For Department of Health use only			
Reviewed for multiple authority applications:	Date _____	Name _____	
Routed to: Multi-authority coordinator:			date _____
Office _____			date _____
Office _____			date _____
Office _____			date _____



**AMERICAN HERITAGE MEDICAL LLC**  
2747 PACIFIC AVE SE OLYMPIA, WA 98501 PHONE: 360-951-9558 FAX: 360-943-7441**Documentation of Physician Authorization to Engage in the  
Medical Use of Marijuana in Washington State**

3 - Healthcare information ...

3 - Healthcare inf...

Patient Name

DOB

I, Robert Thompson, am a physician licensed in the State of Washington. I am treating the above named patient for a terminal or debilitating medical condition as defined in RCW 69.51A.010.

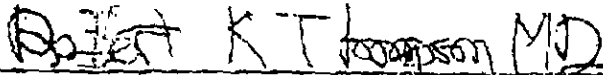
I have advised the above named patient about the potential risks and benefits of the medical use of marijuana. I have assessed the above named patient's medical history and medical condition. It is my medical opinion that this patient may benefit from the medical use of marijuana.

**Recommendation:**

As this patient's "60 day supply" under RCW 69.51A, I recommend 24 ounces of "Useable marijuana" [as defined under WAC 246-75-010(2)(d)] and find this patient's necessary "medical use of marijuana" [as defined under RCW 69.51A.010(2)] to overcome the presumption of needing no more than 15 plants to produce this "60 day supply".

*Suggested route of administration is Vaporization or Oral ingestion.*

Electronically signed by:



Signature Robert Thompson, MD - MD00011365

Date: 11/9/2010

**[Recommendation Expires 1 year from date signed]****Risks and benefits of medical marijuana**

Under Washington state law, the use of medical marijuana is now permissible for some patients with terminal or debilitating medical conditions. The law regulating this (RCW 69.51A) allows physicians to advise patients about the risks and benefits of the medical use of marijuana.

The medical and scientific evidence supporting the use of medical marijuana remains controversial in the medical community. Not all health care providers believe that medical marijuana is safe or effective and some providers feel that it is a dangerous drug.

According to the Washington state law, the medical use of marijuana may benefit patients diagnosed with the following medical conditions: cancer; human immunodeficiency virus (HIV); multiple sclerosis; epilepsy or other seizure or spasticity disorders; some types of intractable pain; glaucoma, either acute or chronic; Crohn's disease; hepatitis C with debilitating nausea or intractable pain; or diseases, including anorexia, which result in nausea, vomiting, wasting, appetite loss, cramping, seizures, muscle spasms, or spasticity.

Some of the risks of medical marijuana may include possible long-term effects on the brain in the areas of memory, coordination and cognition; impairment of the ability to drive or operate heavy machinery; respiratory damage; possible lung cancer; and physical or psychological dependence.

Redaction Summary ( 9 redactions )

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4 Privilege / Exemption reasons used:

- 1 -- "DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2)" ( 2 instances )
- 2 -- "DOH Licensee Social Security Number - RCW 42.56.350(1)" ( 1 instance )
- 3 -- "Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020" ( 4 instances )
- 4 -- "Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075" ( 2 instances )

Redacted pages:

- Page 10, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 2 instances
- Page 16, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 16, DOH Licensee Social Security Number - RCW 42.56.350(1), 1 instance
- Page 17, Identity - Whistleblower regarding health care provider - RCW 42.56.510, RCW 43.70.075, 2 instances
- Page 22, DOH Licensee Health Professional home address and/or phone - RCW 42.56.350(2), 1 instance
- Page 25, Healthcare information readily identifiable to a person - RCW 42.56.360(2) and RCW 70.02.020, 2 instances